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B 6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court Eastern District of Virginia

In re	Lynn Blydenburgh		Case No	14-34141
_		Debtor		
			Chapter	13

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	140,000.00		
B - Personal Property	Yes	4	13,715.15		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		184,872.32	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		300.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		14,908.68	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			3,684.50
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,091.00
Total Number of Sheets of ALL Schedu	ıles	19			
	To	otal Assets	153,715.15		
			Total Liabilities	200,081.00	

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B 6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court Eastern District of Virginia

In re	Lynn Blydenburgh		Case No14-34	1141	
-		Debtor			
			Chapter	13	

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	300.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	300.00

State the following:

Average Income (from Schedule I, Line 12)	3,684.50
Average Expenses (from Schedule J, Line 22)	3,091.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	4,478.76

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		32,572.32
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	300.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		14,908.68
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		47,481.00

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B6A (Official Form 6A) (12/07)

In re	Lynn Blydenburgh		Case No	14-34141	
-		Debtor			

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Location: 7012 Pointer Ridge Road, Midlothian VA 23112 - 1/2 interest Joint with Joseph Wendt (ex-husband)	Joint tenants with the Right of Survivorship	J	140,000.00	164,384.14
Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim

Sub-Total > 140,000.00 (Total of this page)

Total > **140,000.00**

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

In re	Lynn Blydenburgh	,	Case No	14-34141	
		Debtor			

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1.	Cash on hand	X			
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account located at SunTrust Bank Account ending in 3649	-	165.15
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings, including audio, video, and computer equipment.		Furniture, electronics, appliances, household accessories, etc. Location: 7012 Pointer Ridge Road, Midlothian VA 23112	J	1,000.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6.	Wearing apparel.		Misc. Women's Clothing Location: 7012 Pointer Ridge Road, Midlothian VA 23112	-	150.00
7.	Furs and jewelry.		Wedding/Engagement Ring on her person	-	100.00
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term Life Insurance State Farm no cash value	-	0.00
10.	Annuities. Itemize and name each issuer.	X			
			(Total	Sub-Total of this page)	al > 1,415.15

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B6B (Official Form 6B) (12/07) - Cont.

In re	Lynn Blydenburgh		Case No	14-34141	
		 _,			

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

			(======================================		
	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	Х			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	x			
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
				Sub-Tota	al > 0.00
			T)	otal of this page)	

Sheet __1__ of __3__ continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In re Lynn Blydenburgh Case No. 14-34141	
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Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Prop	erty	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, a intellectual property. particulars.		х		
23. Licenses, franchises, general intangibles. C particulars.		x		
24. Customer lists or othe containing personally information (as define § 101(41A)) provided by individuals in containing a product of the debtor primarily family, or household	identifiable ed in 11 U.S.C. I to the debtor nection with r service from or personal,	x		
25. Automobiles, trucks, other vehicles and ac		2006 Dodge Durango 100,000 miles Location: 7012 Pointer Ridge Road, Midlothian VA 23112	J	6,225.00
		2008 Dodge Avenger 100,000 miles Location: 7012 Pointer Ridge Road, Midlothian VA 23112	J	6,075.00
26. Boats, motors, and ac	ccessories.	x		
27. Aircraft and accessor	ies.	x		
28. Office equipment, fur supplies.	mishings, and	x		
29. Machinery, fixtures, of supplies used in busing		x		
30. Inventory.		x		
31. Animals.		x		
32. Crops - growing or he particulars.	arvested. Give	x		
33. Farming equipment a implements.	nd	x		
34. Farm supplies, chemi	cals, and feed.	x		
			Sub-Tot	al > 12,300.00

(Total of this page)

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In re	Lynn Blydenburgh	Case No. 14-34141
•		Debtor
		SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
------------------	------------------	--------------------------------------	---	---

35. Other personal property of any kind not already listed. Itemize.

| Sub-Total > | 0.00 | | (Total of this page) | Total > | 13,715.15 |

Sheet $\underline{\mathbf{3}}$ of $\underline{\mathbf{3}}$ continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/13)

In re	Lynn Blydenburgh	,	Case No	14-34141	
•		Debtor			

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds
(Check one box)	\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafted
☐ 11 U.S.C. §522(b)(2)	with respect to cases commenced on or after the date of adjustment.)
■ 11 U.S.C. §522(b)(3)	

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property Location: 7012 Pointer Ridge Road, Midlothian VA 23112 - 1/2 interest Joint with Joseph Wendt (ex-husband)	Va. Code Ann. § 34-4	1.00	140,000.00
Checking, Savings, or Other Financial Accounts, Checking Account located at SunTrust Bank Account ending in 3649	Certificates of Deposit Va. Code Ann. § 34-4	165.15	165.15
Household Goods and Furnishings Furniture, electronics, appliances, household accessories, etc. Location: 7012 Pointer Ridge Road, Midlothian VA 23112	Va. Code Ann. § 34-26(4a)	1,000.00	1,000.00
Wearing Apparel Misc. Women's Clothing Location: 7012 Pointer Ridge Road, Midlothian VA 23112	Va. Code Ann. § 34-26(4)	150.00	150.00
Furs and Jewelry Wedding/Engagement Ring on her person	Va. Code Ann. § 34-26(1a)	100.00	100.00

Total: 1,416.15 141,415.15

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B6D (Official Form 6D) (12/07)

In re	Lynn Blydenburgh		Case No	14-34141	
•		Debtor			

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured

guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	Q U L	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxxxx4405			5/1/2008	Т	DATED			
Chase PO Box 24696 Columbus, OH 43224		-	Deed of Trust Location: 7012 Pointer Ridge Road, Midlothian VA 23112 - 1/2 interest Joint with Joseph Wendt (ex-husband)		ט			
			Value \$ 140,000.00				164,384.14	24,384.14
Account No. xxxxxxxx0834 WFS Financial PO Box 3569 Rancho Cucamonga, CA 91729		-	1/1/11 Auto Loan - PMSI 2006 Dodge Durango 100,000 miles Location: 7012 Pointer Ridge Road, Midlothian VA 23112					
	┸		Value \$ 6,225.00				10,103.18	3,878.18
Account No. xxxxxxxx6183 WFS Financial PO Box 3569 Rancho Cucamonga, CA 91729		-	12/1/2010 Auto Loan - PMSI 2008 Dodge Avenger 100,000 miles Location: 7012 Pointer Ridge Road, Midlothian VA 23112					
			Value \$ 6,075.00				10,385.00	4,310.00
Account No.			Value \$					
continuation sheets attached		•	(Total of	Sub this			184,872.32	32,572.32
			(Report on Summary of S		ota lule		184,872.32	32,572.32

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B6E (Official Form 6E) (4/13)

In re	Lynn Blydenburgh		Case No	14-34141	
_		D-1-4			
		Debtor			

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate

schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may b liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." If the claim is disputed in the column labeled "Unliquidated." If
"Disputed." (You may need to place an "X" in more than one of these three columns.) Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box lab
"Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.
Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to prioritisted on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled t priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
☐ Domestic support obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relations such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).
☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
■ Taxes and certain other debts owed to governmental units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
☐ Commitments to maintain the capital of an insured depository institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federa Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6E (Official Form 6E) (4/13) - Cont.

In re	Lynn Blydenburgh		Case No	14-34141	
_		Debtor			

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY Husband, Wife, Joint, or Community CODEBTOR UNLIQUIDATED AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, ONTINGENT SPUTED AND MAILING ADDRESS Н **AMOUNT** DATE CLAIM WAS INCURRED INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C AND ACCOUNT NUMBER (See instructions.) Account No. xxxxxxx8014 2014 **PP Taxes** Richard A. Cordle, Treasurer 0.00 **Chesterfield County** PO Box 26585 Richmond, VA 23261-6585 300.00 300.00 Account No. Account No. Account No. Account No. Subtotal 0.00 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 300.00 300.00 Total 0.00 (Report on Summary of Schedules) 300.00 300.00

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B6F (Official Form 6F) (12/07)

In re	Lynn Blydenburgh		Case No	o. <u>14-34141</u>	
		Debtor	-,		

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F

— Check and con it decid has no creation holding unsecut			is to report on this beneater .					
CREDITOR'S NAME,	CODEBT	Hu	sband, Wife, Joint, or Community	Ğ	U	Ŀ	٦Ţ	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)		C A H		NG	Iт	I	у Г	AMOUNT OF CLAIM
Account No. xxxxxxxxxxx5910			Med1 02 Laboratory Corp Of America	T	DATED		Ī	
Amca 2269 S Saw Mill Elmsford, NY 10523		-			D			344.00
Account No. xxx5395	Г	┢	Opened 10/01/13	\top	T	T	†	
Capio Partners Llc 2222 Texoma Pkwy Ste 150 Sherman, TX 75090		-	Collection Attorney Cjw Medical Center					150.00
Account No. xxxxxxxxxxxxx3244	Н	H	Opened 5/01/12 Last Active 7/07/14	+	H	t	+	
Capital 1 Bank Attn: Bankruptcy Dept. Po Box 30285 Salt Lake City, UT 84130		-	Credit Card					484.00
Account No. various	-	┝	various	+	H	╁	+	
CJW Med Ctr PO Box 740760 Cincinnati, OH 45274-0760		-	Medical Services					500.00
		L	<u> </u>		Ļ	Ļ	+	300.00
continuation sheets attached			(Total of t	Subt this p)	1,478.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Lynn Blydenburgh		 Case No	14-34141	
_		Debtor			

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CDEDITODIC NAME	С	Hu	sband, Wife, Joint, or Community		C	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	<u> </u>	N T _ N G II	QU LD	ローのPUTmD	AMOUNT OF CLAIM
Account No. xxxxx2801			Opened 4/01/11 Last Active 7/08/14		Т	A T E		
Comenity Bank/vctrssec		-	Charge Account			D		893.00
					4			093.00
Account No. xxxxxxxxxxxx1165 Comenitycapital/dvdsbr 995 W 122nd Ave Westminster, CO 80234		-	Opened 5/01/12 Last Active 6/06/14 Charge Account					1,345.00
Account No. xxxxxxx8987			1/7/2014		+			1,0 12101
Commonwealth Perinatal P.O. Box 11768 Richmond, VA 23230		-	Medical Services					134.71
Account No. xxxxx-xx6758 Commonwealth Radiology, Pc 1508 Willow Lawn Drive Suite 117 Richmond, VA 23230		_	4/20/2014 Medical Services					12.56
Account No. Unknown			Unknown		\dashv	_	_	
Curt J. Killar, DDS 14744 Woodlake Village Square Midlothian, VA 23112		-	Medical Services					235.80
Sheet no1 of _3 sheets attached to Schedule of						otal		2,621.07
Creditors Holding Unsecured Nonpriority Claims			(Tot	al of thi	s p	oag	e)	_,

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B6F (Official Form 6F) (12/07) - Cont.

In re	Lynn Blydenburgh	,	Case No	14-34141	
_		Debtor			

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

	1_		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	15	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	LIQUID	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxx4183			Opened 10/01/12 Last Active 7/20/14	Т	A T E D		
Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850		-	Credit Card				1,059.00
Account No. xxxxxxxxx3720	╁		Opened 3/01/07 Last Active 7/03/14				
Dsnb Macys 911 Duke Blvd Mason, OH 45040		-	Charge Account				801.00
Account No. xxxxxxx7665	t		Med1 02 Cjw Medical Center		t		
Focus Recovery Solutions Attn: Bankruptcy 9701 Metropolitan Court Ste B Richmond, VA 23236		-					858.01
Account No. xxxxxxxxxxxx8888	t		Opened 1/01/11 Last Active 7/07/14	+	t		
Syncb/ashley Furniture C/o Po Box 965036 Orlando, FL 32896		-	Charge Account				2,182.00
Account No. xxxxxxxxxxx7466			Opened 2/01/12 Last Active 7/09/14 Charge Account	\dagger			
Syncb/gap Po Box 965005 Orlando, FL 32896		_					181.00
Sheet no. 2 of 3 sheets attached to Schedule of				Sub	tot	1	
Creditors Holding Unsecured Nonpriority Claims			(Total o				5,081.01

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B6F (Official Form 6F) (12/07) - Cont.

In re	Lynn Blydenburgh	,	Case No	14-34141	
_		Debtor			

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

_				—	_		
CREDITOR'S NAME,		Hu	sband, Wife, Joint, or Community	_ გ	I U	P	
MAILING ADDRESS	CODEBTOR	н	DATE CLAIM WAS INCURRED AND	C O N T	ŀ	DISPUT	
INCLUDING ZIP CODE,	₽	w	CONSIDERATION FOR CLAIM. IF CLAIM		Q	Įψ	AMOUNTE OF CLAIM
AND ACCOUNT NUMBER (See instructions above.)	0	C	IS SUBJECT TO SETOFF, SO STATE.	G	ľ	E	AMOUNT OF CLAIM
(See histractions above.)	R	ľ		N G E N	DA	D	
Account No. xxx7021			4/15/2014	٦Ÿ	A T E D		
	ł		Medical Services		D		
Virginia Physicians for Women	l			T	T	T	
PO Box 6829	l	L					
Richmond, VA 23230	l						
Richmond, VA 23230	l						
	l						
	l						1,126.60
Account No. xxxxxxxxxxxx5454	╁	\vdash	Opened 9/01/11 Last Active 3/28/14	+	+	+	
Account No. XXXXXXXXXXXXXXXXX	ł		Charge Account				
L.,,	l		Charge Account				
Zale/cbsd	l						
Attn.: Centralized Bankruptcy	l	-					
Po Box 20363	l						
Kansas City, MO 64195	l						
	l						4,602.00
	▙	┡		+	_	╀	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Account No.							
	l						
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	l						
	l						
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Account No.							
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	l						
	l						
Account No.	1			\top			
	1						
	l						
	l						
	l						
	l						
	1						
Sheet no. 3 of 3 sheets attached to Schedule of	_	_		Sub	tota	1	
							5,728.60
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	
				r	Γota	al	
			(Report on Summary of S				14,908.68
			(respond on building of b	2.10		/	

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B6G (Official Form 6G) (12/07)

In re	Lynn Blydenburgh		Case No	14-34141	
-		,			
		Debtor			

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 14-34141-KLP Doc 10 Filed 08/08/14 Entered 08/08/14 14:45:58 Desc Main_{6/08/14 2:44PM}
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B6H (Official Form 6H) (12/07)

In re	Lynn Blydenburgh		Case No	14-34141	
_		,			
		Debtor			

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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						_			
	in this information to identify your c								
Del	otor 1 Lynn Blyder	burgh			_				
	otor 2 				_				
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF VIRGINIA		_				
Cas	se number 14-34141					Check if this is	:		
(If kr	nown)		-			☐ An amend	ed filing		
								ring post-petition following date:	
0	fficial Form B 6I					MM / DD/	YYYY		
S	chedule I: Your Inc	ome							12/13
atta	use. If you are separated and you ch a separate sheet to this form. Describe Employment								
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non-	-filing spouse	
	If you have more than one job, attach a separate page with	Employment status	☐ Employed			■ Emp	•		
	information about additional		■ Not employed			☐ Not €	employed		
	employers.	Occupation	Unemployed			<u>MT</u>			
	Include part-time, seasonal, or self-employed work.	Employer's name				Philip	Morris L	JSA Inc	
	Occupation may include student or homemaker, if it applies.	Employer's address					/. Broad ond, VA		
		How long employed t	here?			<u></u>	1 year		
Par	t 2: Give Details About Mor	nthly Income							
spou	mate monthly income as of the duse unless you are separated. u or your non-filing spouse have mo	•	, ,	•	,	, .	·	,	Ü
mor	e space, attach a separate sheet to	this form.							
						For Debtor 1		ebtor 2 or iling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	3,768.79	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$ _	0.00	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$	3,768.79	

Debtor	Lynn Blydenburgh	_	Case	number (if known)	14-34141		
С	opy line 4 here	4.	Fo :	7 Debtor 1	For Debtor		
5. L i	ist all payroll deductions:						
5		5a.	\$	0.00	\$	265.11	
51	· · · · · · · · · · · · · · · · · · ·	5b.	\$	0.00	\$	0.00	
5	c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	186.90	
50	d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
5		5e.	\$_	0.00	\$	346.28	
51	5	5f.	\$_ \$	0.00	\$ \$	0.00	
5 <u>(</u> 5l	<u> </u>	5g. 5h.+	: <u>-</u>	0.00	+ \$	0.00	
	dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	798.29	
	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	* – \$	0.00	· :	,970.50	
			Ψ_	0.00	Ψ	,970.50	
8. L i	ist all other income regularly received: a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
	monthly net income.	8a.	\$_	0.00	\$	0.00	
81		8b.	\$_	0.00	\$	0.00	
80	c. Family support payments that you, a non-filing spouse, or a dependen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	t 8c.	\$	389.00	\$	0.00	
80	d. Unemployment compensation	8d.	\$	0.00	\$	0.00	
86	e. Social Security	8e.	\$	0.00	\$	0.00	
81	f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP	e 8f.	\$	325.00	\$	0.00	
89	g. Pension or retirement income	8g.	\$	0.00	\$	0.00	
81	h. Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	
9. A	dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	714.00	\$	0.00	
	alculate monthly income. Add line 7 + line 9.	10. \$		714.00 + \$	2,970.50	= \$	3,684.50
Α	dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						
In of D	tate all other regular contributions to the expenses that you list in Schedule contributions from an unmarried partner, members of your household, you ther friends or relatives. To not include any amounts already included in lines 2-10 or amounts that are not pecify:	r depen		•	ted in <i>Schedu</i>	le J. +\$	0.00
V	dd the amount in the last column of line 10 to the amount in line 11. The redrite that amount on the Summary of Schedules and Statistical Summary of Certapplies					\$	3,684.50
						Combin	ed income
13. D	o you expect an increase or decrease within the year after you file this form No.	1?				monuny	, moonie
] Yes. Explain:						

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Fill	in this information to identify your case:				
Deb	Lynn Blydenburgh		Che □	ck if this is: An amended filing	
	otor 2 ouse, if filing)			•	ring post-petition chapter the following date:
Uni	ted States Bankruptcy Court for the: <u>EASTERN DISTRICT OF VIRGIN</u>	IIA		MM / DD / YYYY	
	te number 14-34141 (nown)			A separate filing for 2 maintains a separate	Debtor 2 because Debtorate household
0	fficial Form B 6J				
	chedule J: Your Expenses				12/13
Be	as complete and accurate as possible. If two married people all ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.				
Pai	t 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?				
	☐ No☐ Yes. Debtor 2 must file a separate Schedule J.				
2.	Do you have dependents? ☐ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relationsh Debtor 1 or Debtor 2	nip to	Dependent's age	Does dependent live with you?
	Do not state the dependents' names.	Son		3.5 months	□ No ■ Yes
		Son		8 years	□ No ■ Yes
		Son		12 years	□ No ■ Yes
		Daughter		14 years	□ No ■ Yes
		Daughter		16 years	□ No ■ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents? ■ No Yes				
Pai	t 2: Estimate Your Ongoing Monthly Expenses				
exp	timate your expenses as of your bankruptcy filing date unless y penses as of a date after the bankruptcy is filed. If this is a supp plicable date.				
the	elude expenses paid for with non-cash government assistance is value of such assistance and have included it on <i>Schedule I:</i> Ifficial Form 6I.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. I payments and any rent for the ground or lot.	nclude first mortgage	4.	\$	1,357.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance		4b.	:	0.00
	Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues		4c. 4d.	·	0.00
5.	Additional mortgage payments for your residence, such as ho	me equity loans	4u. 5.		0.00

Debtor 1	Lynn Blydenburgh	Case num	ber (if known)	14-34141
6. Util	ities:			
6a.	Electricity, heat, natural gas	6a.	\$	350.00
6b.	Water, sewer, garbage collection	6b.	\$	80.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	320.00
6d.	Other. Specify:	6d.	\$	0.00
	od and housekeeping supplies	 7.	\$	400.00
	Idcare and children's education costs	8.	\$	30.00
	thing, laundry, and dry cleaning	9.	\$	0.00
	sonal care products and services	10.	\$	40.00
	dical and dental expenses	11.	·	130.00
	nsportation. Include gas, maintenance, bus or train fare.		Ψ	130.00
	not include car payments.	12.	\$	250.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	aritable contributions and religious donations	14.	\$	0.00
	urance.		·	<u> </u>
	not include insurance deducted from your pay or included in lines 4 or 20.			
	. Life insurance	15a.	\$	0.00
15b	. Health insurance	15b.	\$	0.00
15c	. Vehicle insurance	15c.	\$	134.00
15d	. Other insurance. Specify:	15d.	\$	0.00
	res. Do not include taxes deducted from your pay or included in lines 4 or 20.		· -	
	ecify:	16.	\$	0.00
. Ins	tallment or lease payments:			
17a	. Car payments for Vehicle 1	17a.	\$	0.00
17b	. Car payments for Vehicle 2	17b.	\$	0.00
17c	. Other. Specify:	17c.	\$	0.00
	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report as	i 10	•	0.00
	lucted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.	\$	
	er payments you make to support others who do not live with you.	40	\$	0.00
	ecify:	19.	6	
	er real property expenses not included in lines 4 or 5 of this form or on School. Mortgages on other property	eauie i: Y 20a.		0.00
		20a. 20b.		
	Real estate taxes	20b. 20c.	·	0.00
	Property, homeowner's, or renter's insurance			0.00
	Maintenance, repair, and upkeep expenses	20d.	·	0.00
	. Homeowner's association or condominium dues	20e.		0.00
. Oth	er: Specify:	21.	+\$	0.00
. You	ur monthly expenses. Add lines 4 through 21.	22.	\$	3.091.00
	result is your monthly expenses.			
. Cal	culate your monthly net income.			<u></u>
	. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,684.50
23b	. Copy your monthly expenses from line 22 above.	23b.	-\$	3,091.00
230	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	593.50
For	you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your niffication to the terms of your mortgage?			se or decrease because of a
	·			
	Yes. Jain:			

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B6 Declaration (Official Form 6 - Declaration). (12/07)

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United States Bankruptcy Court Eastern District of Virginia

In re	Lynn Blydenburgh	Case No.	14-34141	
		Debtor(s)	Chapter	13

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

			ad the foregoing summary and schedules, consisting of _y knowledge, information, and belief.	21
Date	August 8, 2014	Signature	/s/ Lynn Blydenburgh Lynn Blydenburgh Debtor	

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

United States Bankruptcy Court Eastern District of Virginia

In re	Lynn Blydenburgh	Case No.	14-34141	
		Debtor(s)	Chapter	13

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE
\$31,401.00 2012 Gross Income Employment Income
\$27,944.00 2013 Gross Employment Income
\$26,230.93 2014 YTD Gross Employment Income - H

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$9,072.00 2012 Unemployment Compensation

B7 (Official Form 7) (04/13)

AMOUNT SOURCE

\$19.099.00 2013 Unemployment Compensation

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF **PAYMENTS**

AMOUNT PAID

AMOUNT STILL **OWING**

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

> DATES OF PAYMENTS/

AMOUNT PAID OR VALUE OF

AMOUNT STILL

NAME AND ADDRESS OF CREDITOR

TRANSFERS

TRANSFERS

OWING

None

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL **OWING**

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF **PROCEEDING** COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY**

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF **PROPERTY**

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

OF PAYEE Pagano & Marks, P.C. 4510 S. Laburnum Ave. Richmond, VA 23231

NAME AND ADDRESS

DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 8/1/2014

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY \$0.00 Attorney, \$310.00 Court

Filing Fee, \$33 Credit Reports

7/31/2014 \$17.00 paid by debtor directly to agency

Cricket Debt Couseling www.cricketdebt.com

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10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED
AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL

SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS ENDING DATES

NAME None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

Non

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS

DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

None

ADDRESS

DATE OF WITHDRAWAL

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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25. Pension Funds.

None If the

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date August 8, 2014
Signature /s/ Lynn Blydenburgh
Lynn Blydenburgh
Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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Form B203

2014 USBC, Eastern District of Virginia

United States Bankruptcy Court Eastern District of Virginia

In	re Lynn Blydenburgh	Case N	No.	14-34141
	Debtor(s)	Chapte	er	13
	DISCLOSURE OF COMPENSATION OF A	LTORNEY FO I	R D	EBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that compensation paid to me, for services rendered or to be rendered on behalf of bankruptcy case is as follows:			
	For legal services, I have agreed to accept	\$		3,000.00
	Prior to the filing of this statement I have received			0.00
	Balance Due	\$		3,000.00
2.	\$310.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor \square Other (specify)			
4.	The source of compensation to be paid to me is:			
	■ Debtor \square Other (specify)			
5.	■ I have not agreed to share the above-disclosed compensation with any other pe	erson unless they are n	nemb	ers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or person copy of the agreement, together with a list of the names of the people sharing in			
6.	In return for the above-disclosed fee, I have agreed to render legal service for all a. a. Analysis of the debtor's financial situation, and rendering advice to the debtor is b. Preparation and filing of any petition, schedules, statement of affairs and plan v. c. Representation of the debtor at the meeting of creditors and confirmation hearing. d. Other provisions as needed: Negotiations with secured creditors to reduce to market value reaffirmation agreements and applications as needed; preparations	in determining whethe which may be required ng, and any adjourned e; exemption plann	r to fi l; hear ing;	ile a petition in bankruptcy; ings thereof; preparation and filing of
7.	By agreement with the debtor(s), the above-disclosed fee does not include the following the followin	owing services:		

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

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CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 8, 2014

Date

/s/ Keith A. Pagano, Esq. Keith A. Pagano, Esq. 47845

Signature of Attorney

Pagano & Marks, P.C.

Name of Law Firm 4510 S. Laburnum Ave Richmond, VA 23231 (804) 447-1002 Fax: (804) 562-5924

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,000

(For all Cases Filed on or after 8/1/2014)

NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE

PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND **CLERK'S CM/ECF POLICY 9**

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class

August 8, 2014

Date

/s/ Keith A. Pagano, Esq. Keith A. Pagano, Esq. 47845

Signature of Attorney

Amca 2269 S Saw Mill Elmsford, NY 10523

Capio Partners Llc 2222 Texoma Pkwy Ste 150 Sherman, TX 75090

Capital 1 Bank Attn: Bankruptcy Dept. Po Box 30285 Salt Lake City, UT 84130

CFM PO Box 21803 Roanoke, VA 24018-0110

Chase PO Box 24696 Columbus, OH 43224

CJW Med Ctr PO Box 740760 Cincinnati, OH 45274-0760

CJW Medical Center P.O. Box 1021 Louisville, KY 40201

Comenity Bank/vctrssec

Comenitycapital/dvdsbr 995 W 122nd Ave Westminster, CO 80234

Commonwealth Perinatal P.O. Box 11768 Richmond, VA 23230

Commonwealth Radiology, Pc 1508 Willow Lawn Drive Suite 117 Richmond, VA 23230 Curt J. Killar, DDS 14744 Woodlake Village Square Midlothian, VA 23112

Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850

Dsnb Macys 911 Duke Blvd Mason, OH 45040

Focus Recovery Solutions Attn: Bankruptcy 9701 Metropolitan Court Ste B Richmond, VA 23236

Joseph M Tarantino, CPP PO Box 35544 Richmond, VA 23235

Labcorp 1447 York Court Burlington, NC 27215

Medicredit, Inc P.O. Box 410917 Saint Louis, MO 63141

Richard A. Cordle, Treasurer Chesterfield County PO Box 26585 Richmond, VA 23261-6585

Syncb/ashley Furniture C/o Po Box 965036 Orlando, FL 32896

Syncb/gap Po Box 965005 Orlando, FL 32896

Virginia Physicians for Women PO Box 6829 Richmond, VA 23230

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WFS Financial PO Box 3569 Rancho Cucamonga, CA 91729

Zale/cbsd Attn.: Centralized Bankruptcy Po Box 20363 Kansas City, MO 64195

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B 22C (Official Form 22C) (Chapter 13) (04/13)

In re Lynn E	Slydenburgh	According to the calculations required by this statement:
	Debtor(s)	■ The applicable commitment period is 3 years.
Case Number:	14-34141	☐ The applicable commitment period is 5 years.
	(If known)	☐ Disposable income is determined under § 1325(b)(3).
		■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	t I.	REPORT OF INC	COM	IE .				
1		tal/filing status. Check the box that applies a Unmarried. Complete only Column A ("Deb		•		•	mei	nt as directed.		
	b. 	Married. Complete both Column A ("Debto	r's l	Income'') and Col	umn	B ("Spouse's Incor	ne'') for Lines 2-10		
		gures must reflect average monthly income re dar months prior to filing the bankruptcy case						Column A		Column B
	the fil		Debtor's Income		Spouse's Income					
2	Gross	s wages, salary, tips, bonuses, overtime, con	nmis	ssions.			\$	0.00	\$	3,764.76
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.									
				Debtor		Spouse				
	a.	Gross receipts	\$	0.00		0.00				
	b. c.	Ordinary and necessary business expenses Business income	\$	otract Line b from	-	0.00	\$	0.00	ф	0.00
4		oppropriate column(s) of Line 4. Do not enter a of the operating expenses entered on Line b		a deduction in Par		•				
4	a.	Gross receipts	\$	Debtor 0.00	\$	Spouse 0.00				
	b.	Ordinary and necessary operating expenses	\$	0.00		0.00				
	c.	Rent and other real property income		btract Line b from			\$	0.00	\$	0.00
5	Inter	est, dividends, and royalties.					\$	0.00	\$	0.00
6	Pensi	ion and retirement income.					\$	0.00	\$	0.00
7	exper purpo debto	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					\$	389.00	\$	0.00
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:									
		mployment compensation claimed to benefit under the Social Security Act Debtor	r \$	0.00 Sp	ouse	\$ 0.00	\$	0.00	\$	0.00

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B 22C (Official Form 22C) (Chapter 13) (04/13)

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9	international or domestic terrorism.							
	a. SNAP \$	325.00 \$	Spouse	0.00				
	b. \$	\$		\$	325.0	9 \$	0.00	
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column E in Column B. Enter the total(s).	B is completed	l, add Lines 2 throu	gh 9 \$	714.0	\$	3,764.76	
11	Total. If Column B has been completed, add Line 10, Column the total. If Column B has not been completed, enter the amount of the completed of the complete			enter \$			4,478.76	
	Part II. CALCULATION OF § 1	1325(b)(4)	COMMITMEN	NT PEF	RIOD	1		
12	Enter the amount from Line 11					\$	4,478.76	
13	Marital Adjustment. If you are married, but are not filing jor calculation of the commitment period under § 1325(b)(4) doe not enter on Line 13 the amount of the income listed in Line 10, the household expenses of you or your dependents and specinicome (such as payment of the spouse's tax liability or the specinicome devoted to ear on a separate page. If the conditions for entering this adjustration.	es not require Column B tha fy, in the lines pouse's suppo ach purpose. I ment do not ap	inclusion of the inc at was NOT paid or below, the basis for rt of persons other If necessary, list ado	come of y a regular or excludi than the d	our spouse, basis for ng this lebtor or the			
	b. c.	\$ \$						
	Total and enter on Line 13	Ψ				\$	0.00	
14	Subtract Line 13 from Line 12 and enter the result.					\$	4,478.76	
15	Annualized current monthly income for § 1325(b)(4). Mu enter the result.	ıltiply the amo	ount from Line 14 b	y the nun	nber 12 and	\$	53,745.12	
16	Applicable median family income. Enter the median family information is available by family size at www.usdoj.gov/ust							
	a. Enter debtor's state of residence: VA	b. Enter debto	or's household size:		7	\$	116,577.00	
17	Application of § 1325(b)(4). Check the applicable box and p ■ The amount on Line 15 is less than the amount on Line top of page 1 of this statement and continue with this state. □ The amount on Line 15 is not less than the amount on at the top of page 1 of this statement and continue with the state.	e 16. Check the tement. Line 16. Chech is statement.	ne box for "The app	applicab	le commitme		•	
	Part III. APPLICATION OF § 1325(b)(3)	FOR DETER	RMINING DISPO	SABLE I	NCOME	1		
18	Enter the amount from Line 11.					\$	4,478.76	
19	Marital Adjustment. If you are married, but are not filing jour any income listed in Line 10, Column B that was NOT paid debtor or the debtor's dependents. Specify in the lines below payment of the spouse's tax liability or the spouse's support of dependents) and the amount of income devoted to each purposeparate page. If the conditions for entering this adjustment of a. b. c.	on a regular be the basis for e of persons other ose. If necessar	asis for the househor excluding the Columer than the debtor of ary, list additional a	old expension B inco or the debt	ses of the ome(such as or's			
	Total and enter on Line 19.					\$	0.00	
20	Current monthly income for § 1325(b)(3). Subtract Line 19	9 from Line 18	8 and enter the resu	lt.		\$	4,478.76	

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21		lized current monthly inc ne result.	ome for § 1325(b)(3). N	/Iultip	ly the a	mount from Line 2	0 by the number 12 and	\$	53,745.12
22	Applicable median family income. Enter the amount from Line 16.							\$	116,577.00
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is detern 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is n 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part VII of this statement.							t deteri	mined under §
		Part IV. Ca	ALCULATION ()F L	EDU	CTIONS FR	OM INCOME		
		Subpart A: D	eductions under Star	ıdaro	ls of tl	ne Internal Reve	nue Service (IRS)		
24A	Enter in applica bankru	al Standards: food, appar n Line 24A the "Total" am- ible number of persons. (T ptcy court.) The applicable r federal income tax return	ount from IRS National a his information is availa number of persons is th	Stand ble at e nun	ards for www.unber tha	Allowable Living asdoj.gov/ust/ or from two all currently be	Expenses for the om the clerk of the e allowed as exemptions	\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.								
	Person	ns under 65 years of age		Pers	ons 65	years of age or old	ler		
	a1.	Allowance per person		a2.	Allow	ance per person			
	b1.	Number of persons		b2.	Numb	er of persons			
	c1.	Subtotal		c2.	Subto	al		\$	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.							\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. [a. IRS Housing and Utilities Standards; mortgage/rent expense"] \$ \textstyle{\textstyle{1}} \text{ [IRS Housing and Utilities Standards; mortgage/rent expense]} \text{ [IRS Housing and Utilities Standards; mortgage/rent expense]} \text{ [IRS Housing and Utilities Standards; mortgage/rent expense]} \text{ [IRS Housing and Utilities Standards; mortgage/rent expense]} \text{ [IRS Housing and Utilities Standards; mortgage/rent expense]} \text{ [IRS Housing and Utilities Standards; mortgage/rent expense]} \text{ [IRS Housing and Utilities Standards; mortgage/rent expense]} \text{ [IRS Housing and Utilities Standards]} [IRS Hou						this information is family size consists of arn, plus the number of conthly Payments for any		
		Average Monthly Payment home, if any, as stated in I		y you	r	\$			
		Net mortgage/rental expen				Subtract Line b fr	om Line a.	\$	
26	25B do Standar	Standards: housing and uses not accurately computerds, enter any additional artion in the space below:	the allowance to which	you a	re entitl	ed under the IRS H	Iousing and Utilities	¢	

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	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are						
27A	included as a contribution to your household expenses in Line 7. \square 0						
	If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.) 1 2 or more.						
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Little result in Line 28. Do not enter an amount less than zero.	court); enter in Line b the total of the Average					
	a. IRS Transportation Standards, Ownership Costs	\$					
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47	\$					
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$				
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.						
	a. IRS Transportation Standards, Ownership Costs	\$					
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	s					
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$				
30	Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$				
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as voluntary deductions.	retirement contributions, union dues, and	\$				
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.						
33	Other Necessary Expenses: court-ordered payments. Enter the total pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$				
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter						
35	Other Necessary Expenses: childcare. Enter the total average month childcare - such as baby-sitting, day care, nursery and preschool. Do		\$				
36	Other Necessary Expenses: health care. Enter the total average monhealth care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts.	on the amount that you actually expend on our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	s				

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37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.					
38	Total Expenses Allowed under IRS Standards. Enter	r the total of Lines 24 through 37.	\$			
	-	onal Living Expense Deductions penses that you have listed in Lines 24-37				
	Health Insurance, Disability Insurance, and Health S the categories set out in lines a-c below that are reasona dependents.	Savings Account Expenses. List the monthly expenses in ably necessary for yourself, your spouse, or your				
39	a. Health Insurance	\$				
	b. Disability Insurance	\$				
	c. Health Savings Account	\$				
	Total and enter on Line 39		\$			
	If you do not actually expend this total amount, state below: \$	your actual total average monthly expenditures in the space				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly					
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local					
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary					
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					
45	Charitable contributions. Enter the amount reasonably contributions in the form of cash or financial instrumen $170(c)(1)-(2)$. Do not include any amount in excess of	ts to a charitable organization as defined in 26 U.S.C. §	\$			
46	Total Additional Expense Deductions under § 707(b)	Enter the total of Lines 39 through 45.	\$			

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	1	Subpart C: Deductions for De	bt Payment			
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.					
	<u>- </u>	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance		
	a.		\$ Total: Add Lines	□yes □no	\$	
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount					
	a.	Troperty Securing the Debt	\$	the Cure Amount		
				Total: Add Lines	\$	
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.					
	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.					
50	a. Projected average monthly C b. Current multiplier for your d issued by the Executive Offic information is available at w the bankruptcy court.) c. Average monthly administrat	x Total: Multiply Li	ines a and h	\$		
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.					
51 Total Deductions for Debt Payment. Enter the total of Lines 47 through 50. Subpart D: Total Deductions from Income						
52		e. Enter the total of Lines 38, 46, and 5			\$	
		NATION OF DISPOSABLE I		ER § 1325(b)(2)	
53	Total current monthly income. Enter the amount from Line 20.				\$	
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.				\$	
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).				\$	
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.				\$	

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Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable. 57 Nature of special circumstances Amount of Expense a. \$ b. \$ Total: Add Lines Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the 58 59 Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result. Part VI. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. Expense Description Monthly Amount 60 \$ \$ b. \$ d. \$ \$ Total: Add Lines a, b, c and d Part VII. VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.) Date: August 8, 2014 Signature: /s/ Lynn Blydenburgh 61 Lynn Blydenburgh

(Debtor)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2014 to 07/31/2014.

Line 7 & 54 - Child support income (including foster care and disability)

Source of Income: Child Support Constant income of \$389.00 per month.

Line 9 - Income from all other sources

Source of Income: **SNAP**

Constant income of \$325.00 per month.

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Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 02/01/2014 to 07/31/2014.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Phillip Morris

Year-to-Date Income:

Starting Year-to-Date Income: \$3,642.35 from check dated 1/31/2014. Ending Year-to-Date Income: \$26,230.93 from check dated 7/31/2014.

Income for six-month period (Ending-Starting): \$22,588.58.

Average Monthly Income: \$3,764.76.